

Adopted	Rejected
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## COMMITTEE REPORT

YES:	25
NO:	0

### MR. SPEAKER:

*Your Committee on Ways and Means, to which was referred House Bill 1813, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:*

- 1       Page 3, line 10, after "a" insert "**payable**".
- 2       Page 3, line 10, delete "considered to be" and insert "**attributed to**
- 3       **a county if the payable claim is submitted to the division by a**
- 4       **hospital licensed under IC 16-21-2 for payment under IC 12-16-7.5**
- 5       **for care provided by the hospital to an individual who qualifies for**
- 6       **the hospital care for the indigent program under IC 12-16-3.5-1 or**
- 7       **IC 12-16-3.5-2 and:**
- 8       (1) who is a resident of the county;
- 9       (2) who is not a resident of the county and for whom the onset
- 10       of the medical condition that necessitated the care occurred in
- 11       the county; or
- 12       (3) whose residence cannot be determined by the division and
- 13       for whom the onset of the medical condition that necessitated
- 14       the care occurred in the county.".
- 15       Page 3, delete lines 11 through 23.

- 1 Page 3, line 26, delete "had one (1)" and insert "**submits to the**
- 2 **division during the state fiscal year a payable claim under**
- 3 **IC 12-16-7.5**".
- 4 Page 3, delete lines 27 through 28.
- 5 Page 3, line 29, delete "state fiscal year".
- 6 Page 5, line 3, after "(b)" insert "**an amount equal to**".
- 7 Page 5, line 3, after "amount" and insert ",".
- 8 Page 5, line 5, after "IC 12-16-7.5-4.5" insert ",".
- 9 Page 5, line 8, delete "had" and insert "**submitted to the division**".
- 10 Page 5, line 8, after "more" insert "**payable**".
- 11 Page 5, line 8, delete "approved" and insert "**under IC 12-16-7.5**".
- 12 Page 5, delete line 9.
- 13 Page 5, line 10, delete "admissions that occurred".
- 14 Page 5, line 12, delete "attributable." and insert "**attributed.**".
- 15 Page 5, line 15, delete "with" and insert "**that submitted to the**
- 16 **division**".
- 17 Page 5, line 15, delete "approved" and insert "**payable**".
- 18 Page 5, line 15, after "claims" insert "**under IC 12-16-7.5**
- 19 **attributed to the county during the state fiscal year ; and**".
- 20 Page 5, delete lines 16 through 17.
- 21 Page 5, line 18, delete "each hospital's approved" and insert "**all**
- 22 **hospital payable**".
- 23 Page 5, line 18, after "claims" insert "**submitted to the division**
- 24 **under IC 12-16-7.5 attributed to the county during the state fiscal**
- 25 **year.**".
- 26 Page 5, delete lines 19 through 20.
- 27 Page 5, line 23, delete "IC 12-16-7.5-4.5(c)" and insert
- 28 "**IC 12-16-7.5-4.5(b).**".
- 29 Page 5, delete line 24.
- 30 Page 5, line 29, delete "IC 12-16-7.5-4.5(c) STEP FOUR." and
- 31 insert "**IC 12-16-7.5-4.5(b).**".
- 32 Page 5, line 30, delete "approved" and insert "**payable claims**
- 33 **submitted to the division under IC 12-16-7.5 attributed to the**
- 34 **county during the state fiscal year,**".
- 35 Page 5, delete line 31.
- 36 Page 5, line 32, delete "occurred during the state fiscal year,".
- 37 Page 5, line 33, delete "approved".
- 38 Page 5, line 33, after "hospital" insert "**payable**".

Page 5, line 33, after "claims" insert **"submitted to the division under IC 12-16-7.5 attributed to the county during the state fiscal year."**.

Page 5, delete lines 34 through 35.

Page 5, line 40, delete "IC 12-16-7.5-4.5(c) STEP" and insert **"IC 12-16-7.5-4.5(b)."**.

Page 5, delete line 41.

Page 6, line 4, after "payment." insert **"The amount of a hospital's add-on payment is subject to the availability of funding for the non-federal share of the payment under subsection (e)."**.

Page 6, delete lines 7 through 19, begin a new paragraph and insert:

**"(e) The non-federal share of a payment to a hospital under subsection (c) is funded from the funds transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5(b) by each county to which a payable claim under IC 12-16-7.5 submitted to the division during the state fiscal year by the hospital is attributed.**

**(f) The amount of a county's transferred funds available to be used to fund the non-federal share of a payment to a hospital under subsection (c) is an amount that bears the same proportion to the total amount of funds the county transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5(b) that the total amount of the hospital's payable claims under IC 12-16-7.5 attributed to the county submitted to the division during the state fiscal year bears to the total amount of all hospital payable claims under IC 12-16-7.5 attributed to the county submitted to the division during the state fiscal.**

**(g) Any county's funds identified in subsection (f) that remain after the non-federal share of a hospital's payment has been funded are available to serve as the non-federal share of a payment to a hospital under section 9.5 of this chapter.**

**(h) For purposes of this section, "payable claim" has the meaning set forth in IC 12-16-7.5-2.5(b).**

**(i) For purposes of this section:**

**(1) the amount of a payable claim is the amount the hospital would have received under the state's fee-for-service Medicaid reimbursement principles for the hospital care for which the payable claim is submitted under IC 12-16-7.5 if the individual receiving the hospital care had been a Medicaid**

1 enrollee; and

2 (2) a payable claim under IC 12-16-7.5 submitted by a  
3 hospital includes a payable claim under IC 12-16-7.5 for the  
4 hospital's care submitted by an individual or entity other than  
5 the hospital, to the extent permitted under the hospital care  
6 for the indigent program."

7 Page 6, line 23, delete "considered to be attributable" and insert  
8 "attributed".

9 Page 6, after "the" insert "payable claim is submitted to the  
10 division by a hospital licensed under IC 16-21-2 for payment under  
11 IC 12-16-7.5 for care provided by the hospital to an individual who  
12 qualifies for the hospital care for the indigent program under  
13 IC 12-16-3.5-1 or IC 12-16-3.5-2 and;

14 (1) who is a resident of the county;

15 (2) who is not a resident of the county and for whom the onset  
16 of the medical condition that necessitated the care occurred in  
17 the county; or

18 (3) whose residence cannot be determined by the division and  
19 for whom the onset of the medical condition that necessitated  
20 the care occurred in the county."

21 Page 6, delete lines 24 through 36.

22 Page 6, delete lines 39 through 41, begin a new line block indented  
23 and insert:

24 "(1) that submits to the division during the state fiscal year a  
25 payable claim under IC 12-16-7.5; and".

26 Page 7, line 1, delete "approved claims for" and insert "payable  
27 claims under IC 12-16-7.5 submitted by the hospital to the division  
28 during the state fiscal year;"

29 Page 7, delete line 2.

30 Page 7, line 5, after "(b)" insert "an amount equal to".

31 Page 7, line 5, after "amount" insert ",".

32 Page 7, line 7, after "IC 12-16-7.5-4.5" insert ",".

33 Page 7, line 11, delete "IC 12-16-7.5-4.5(c) STEP FOUR" and insert  
34 "IC 12-16-7.5-4.5(b)".

35 Page 7, line 12, delete "amount of the".

36 Page 7, line 12, after "hospital" insert "payable".

37 Page 7, line 12, after "claims" insert "attributed to the county and  
38 submitted to the division during the state fiscal year."

- 1 Page 7, delete lines 13 through 14.
- 2 Page 7, line 18, delete "IC 12-16-7.5-4.5(c) STEP FOUR" and insert
- 3 **"IC 12-16-7.5-4.5(b)".**
- 4 Page 7, line 19, after "hospital" insert **"payable"**.
- 5 Page 7, line 19, after "claims" insert **"attributed to the county and**
- 6 **submitted to the division during the state fiscal year."**
- 7 Page 7, delete lines 20 through 21.
- 8 Page 7, line 22, delete "Determine" and insert **"Calculate"**.
- 9 Page 7, line 23, delete "each county" and insert **"the counties"**.
- 10 Page 7, line 26, delete "approved" and insert **"payable"**.
- 11 Page 7, line 26, delete "for hospital admissions that" and insert
- 12 **"under IC 12-16-7.5 submitted by the hospital to the division**
- 13 **during the state fiscal year."**
- 14 Page 7, delete line 27.
- 15 Page 7, line 31, delete "approved".
- 16 Page 7, line 31, delete "for hospital admissions that" and insert
- 17 **"under IC 12-16-7.5 submitted by the hospital to the division**
- 18 **during the state fiscal year."**
- 19 Page 7, delete line 32.
- 20 Page 7, line 33, delete "Determine" and insert **"Calculate"**.
- 21 Page 7, line 34, delete "each hospital" and insert **"the hospitals"**.
- 22 Page 7, line 37, delete "THREE" and insert **"SIX"**.
- 23 Page 7, line 39, delete "total amount" and insert **"sum"**.
- 24 Page 7, line 40, delete "for all hospitals".
- 25 Page 8, line 1, delete "FIVE" and insert **"SEVEN"**.
- 26 Page 8, line 1, delete "amount" and insert **"sum"**.
- 27 Page 8, line 3, after "payment." insert **"The amount of the**
- 28 **hospital's add-on payment is subject to the availability of funding**
- 29 **for the non-federal share of the payment under subsection (e)."**
- 30 Page 8, delete lines 8 through 18, begin a new line blocked left and
- 31 insert **"indigent care trust fund under IC 12-16-7.5-4.5(b) and not**
- 32 **expended under section 9(e) of this chapter. To the extent possible,**
- 33 **the funds shall be derived on a proportional basis from the funds**
- 34 **transferred by each county identified in subsection (c), STEP ONE:**
- 35 **(1) to which at least one (1) payable claim submitted by the**
- 36 **hospital to the division during the state fiscal year is**
- 37 **attributed; and**
- 38 **(2) whose funds transferred to the Medicaid indigent care**

1           trust fund under IC 12-16-7.5-4.5(c) were not completely  
2           expended under section 9(e) of this chapter.

3           **The amount to be derived from the remaining funds transferred to**  
4           **the Medicaid indigent care trust fund under IC 12-16-7.5-4.5(c) is**  
5           **an amount that bears the same proportion to the total amount of**  
6           **funds transferred by all the counties identified in subsection (c),**  
7           **STEP ONE, that the amount calculated for the hospital under**  
8           **subsection (c), STEP FIVE, bears to the amount calculated under**  
9           **subsection (c), STEP SIX."**

10          Page 8, between lines 31 and 32, begin a new paragraph and insert:

11          **"(h) Any funds transferred to the Medicaid indigent care trust**  
12          **fund under IC 12-16-7.5-4.5(b) remaining after payments are made**  
13          **under this section shall be used as provided in IC 12-15-20-2(8)."**

14          Page 9, line 5, after "(7)" insert **"Payments, funding, and transfers**  
15          **as otherwise provided in clauses (8)(D) and (8)(F).**

16          **(8)".**

17          Page 9, line 42, after "transfers" insert **", which shall include**  
18          **amounts transferred under IC 12-16-7.5-4.5(b), STEP FOUR,".**

19          Page 10, line 9, delete "IC 12-16-7.5-4.5(c) STEP FOUR" and insert  
20          **"IC 12-16-7.5-4.5(b)".**

21          Page 10, line 18, after "IC 12-15-15-9.5," insert **"the amount to be**  
22          **transferred under clause (E),"**

23          Page 10, line 18, delete "the nonfederal share" and insert **", subject**  
24          **to clause (F), the non-federal share of Medicaid add-on payments**  
25          **to hospitals licensed under IC 16-21 under a payment methodology,**  
26          **which shall be developed by the office."**

27          Page 10, line 19, delete "of payments under".

28          Page 10, line 19, strike "the state uninsured parents program".

29          Page 10, line 21, strike "established under".

30          Page 10, strike line 22.

31          Page 10, line 23, strike "If the office does not implement an  
32          uninsured parents".

33          Page 10, strike lines 24 through 30.

34          Page 10, line 30, after "office." insert **"As provided in clause (D),**  
35          **for each fiscal year ending after June 30, 2003, an amount equal to**  
36          **the amount calculated under STEP THREE of the following**  
37          **formula shall be transferred to the office:**

38                 **STEP ONE: Calculate the product of thirty-five million**

dollars (\$35,000,000) multiplied by the federal medical assistance percentage for federal fiscal year 2003.

**STEP TWO:** Calculate the sum of the amounts, if any, reasonably estimated by the office to be transferred or otherwise made available to the office for the state fiscal year, and the amounts, if any, actually transferred or otherwise made available to the office for the state fiscal year, under arrangements whereby the office and a hospital licensed under IC 16-21-2 agree that an amount transferred or otherwise made available to the office by the hospital or on behalf of the hospital shall be included in the calculation under this STEP.

**STEP THREE:** Calculate the amount by which the product calculated under STEP ONE exceeds the sum calculated under STEP TWO.

**(F)** If the office determines that, on an ongoing basis, the amount of intergovernmental transfers remaining after:

- (i) funding the non-federal share of payments to hospitals under IC 12-15-15-9;
- (ii) funding the non-federal share of payments to hospitals under IC 12-15-15-9.5; and
- (iii) transferring the amounts under clause (E);

will be sufficient to fund the non-federal share of payments under the uninsured parents program established under IC 12-17.7, the office shall, beginning in the state fiscal year immediately following the state fiscal year in which the office's determination is made under this clause, discontinue using the remaining intergovernmental transfers to fund the add-on payments provided for in clause (D) (except for payments under IC 12-15-15-9 and IC 12-15-15-9.5) and shall use the remaining intergovernmental transfers to fund the uninsured parents program established under IC 12-17.7. The remaining intergovernmental transfers shall be transferred to the state uninsured parents fund established under IC 12-17.8-2-1.5. This clause does not apply until, as determined by the office, all the other requirements for implementing the uninsured parents program, including

the approval of all necessary federal waivers, have been satisfied. The operation and effect of this clause terminate upon the termination of the uninsured parents program established under IC 12-17.7."

Page 10, line 31, strike "(F)" and insert "(G)".

Page 10, line 39, delete "emergency".

Page 11, line 3, strike "costs incurred in providing care to" and insert "**care provided to**".

Page 11, line 4, delete "patient" and insert "**person**".

Page 11, delete lines 7 through 21, begin a new line blocked left and insert:

"division shall determine whether the person is a resident of Indiana and, if so, the person's county of residence. If the person is a resident of Indiana, the division shall provide a copy of the application to the county office of the person's county of residence. If the person is not a resident of Indiana, the division shall provide a copy of the application to the county office of the county where the onset of the medical condition that necessitated the care occurred. If the division cannot determine whether the person is a resident of Indiana or, if the person is a resident of Indiana, the person's county of residence, the division shall provide a copy of the application to the county office of the county where the onset of the medical condition that necessitated the care occurred.

(c) A county office that receives a request from the division shall cooperate with the division in determining whether a person is a resident of Indiana and, if the person is a resident of Indiana, the person's county of residence."

Page 11, line 26, before "has" strike "patient" and insert "**person**".

Page 11, line 26, after "to" insert "**, or otherwise provided care by,**".

Page 11, line 26, before "is" strike "patient" and insert "**person**".

Page 11, between lines 27 and 28, begin a new paragraph and insert:

"SECTION 10. IC 12-16-4.5-8, AS ADDED BY P.L.120-2002, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 8. (a) A ~~patient~~ **person** may file an application directly with the ~~county office in the county where the hospital providing care is located~~ **division** if the application is filed not more than thirty (30) days after the ~~patient's admission~~ **person was admitted**



- 1 to, **or provided care by**, the hospital.
- 2 (b) Reimbursement for the costs incurred in providing care to an
- 3 eligible person may only be made to the providers of the care."
- 4 Page 11, line 31, after "application of" insert "**or for**".
- 5 Page 11, line 31, strike "patient" and insert "**person who was**".
- 6 Page 11, line 31, after "to" insert "**, or who was otherwise provided**
- 7 **care by,**".
- 8 Page 11, line 32, strike "patient's" and insert "**person's**".
- 9 Page 11, line 34, delete "patient" and insert "**person**".
- 10 Page 11, line 35, delete "patient became in need of medical" and
- 11 insert "**onset of the medical condition that necessitated the care**
- 12 **occurred**".
- 13 Page 11, line 36, delete "care".
- 14 Page 11, line 36, delete "patient's" and insert "**person's**".
- 15 Page 11, line 36, after "or" insert "**Indiana**".
- 16 Page 11, line 38, delete "patient's" and insert "**person's**".
- 17 Page 11, line 42, after "3." insert "**(a) Subject to subsection (b),**".
- 18 Page 11, line 42, delete "If" and insert "if".
- 19 Page 12, between lines 4 and 5, begin a new paragraph and insert:
- 20 "**(b) Before denying assistance under the hospital care for the**
- 21 **indigent program, the division must provide the person and the**
- 22 **hospital written notice of:**
- 23 (1) the specific information or verification needed to
- 24 determine eligibility; and
- 25 (2) the date on which the application will be denied if the
- 26 information or verification is not provided within ten (10)
- 27 days after the date of the notice."
- 28 Page 12, line 8, strike "patient" and insert "**person**".
- 29 Page 12, line 15, strike "patient" and insert "**person**".
- 30 Page 12, line 15, strike "or" and insert "**care,**".
- 31 Page 12, line 15, after "care," insert "**or transportation services,**".
- 32 Page 12, line 16, delete "person" and insert "person, **physician,**
- 33 **hospital, or transportation provider**".
- 34 Page 12, line 18, delete "person" and insert "person, **physician,**
- 35 **hospital, or transportation provider**".
- 36 Page 12, line 18, strike "person's".
- 37 Page 12, line 18, delete "." and insert "**of the person, physician,**
- 38 **hospital, or transportation provider.**".

1 Page 12, line 28, delete "person" and insert "person, **physician,**  
2 **hospital, or transportation provider**".

3 Page 12, between lines 29 and 30, begin a new paragraph and insert:  
4 "SECTION 16. IC 12-16-6.5-4, AS ADDED BY P.L.120-2002,  
5 SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
6 JULY 1, 2003]: Sec. 4. A notice of the hearing shall be served upon all  
7 persons interested in the matter, **including any affected physician,**  
8 **hospital, or transportation provider**, at least twenty (20) days before  
9 the time fixed for the hearing.

10 SECTION 17. IC 12-16-6.5-5, AS ADDED BY P.L.120-2002,  
11 SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
12 JULY 1, 2003]: Sec. 5. (a) The division shall determine the eligibility  
13 of the person for payment of the cost of medical or hospital care under  
14 the hospital care for the indigent program.

15 (b) If the person is found eligible, the division shall pay the  
16 reasonable cost of the care **covered under IC 12-16-3.5-1 or**  
17 **IC 12-16-3.5-2** to the ~~persons physicians~~ **physicians** furnishing the ~~care~~, **covered**  
18 **medical care and the transportation providers furnishing the**  
19 **covered transportation services**, subject to the limitations in  
20 IC 12-16-7.5.

21 (c) **If the person is found eligible, the payment for the covered**  
22 **hospital services and items covered under IC 12-16-3.5-1 or**  
23 **IC 12-16-3.5-2 shall be calculated using the office's applicable**  
24 **Medicaid fee-for-service reimbursement principles."**

25 Page 12, line 34, strike "necessary costs" and insert "**reasonable**  
26 **cost**".

27 Page 12, line 34, strike "or hospital".

28 Page 12, line 34, strike "for indigent".

29 Page 12, line 35, strike "patients." and insert "**covered under**  
30 **IC 12-16-3.5-1 or IC 12-16-3.5-2.**".

31 Page 12, line 36, after "The" insert "**reasonable**".

32 Page 12, between lines 37 and 38, begin a new line block indented  
33 and insert:

34 **"(3) Hospital services and items covered under IC 12-16-3.5-1**  
35 **or IC 12-16-3.5-2 using Medicaid fee-for-service**  
36 **reimbursement principles."**

37 Page 12, line 40, delete "Except as provided in section" and insert  
38 **"(a) Payable claims shall be segregated by state fiscal year.**

1       **(b) For purposes of this chapter, IC 12-15-15-9, IC 12-15-15-9.5,**  
 2       **and IC 12-16-14:**

3       **(1) a "payable claim" is a claim for payment for physician**  
 4       **care, hospital care, or transportation services under this**  
 5       **chapter:**

6           **(A) that includes, on forms prescribed by the division, all**  
 7           **the information required for timely payment;**

8           **(B) that is for a period during which the person is**  
 9           **determined to be financially and medically eligible for the**  
 10          **hospital care for the indigent program; and**

11          **(C) for which the payment amounts for the care and**  
 12          **services are determined by the division; and**

13       **(2) a physician, hospital, or transportation provider that**  
 14       **submits a payable claim to the division is considered to have**  
 15       **submitted the payable claim during the state fiscal year**  
 16       **during which the division determined, initially or upon**  
 17       **appeal, the amount to pay for the care and services**  
 18       **comprising the payable claim.**

19       **(c) The division shall promptly determine the amount to pay for**  
 20       **the care and services comprising a payable claim.**

21       SECTION 20. IC 12-16-7.5-3, AS ADDED BY P.L.120-2002,  
 22       SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 23       JULY 1, 2003]: Sec. 3. **(a) A payment made to a hospital physician or**  
 24       **a transportation provider under the hospital care for the indigent**  
 25       **program this chapter must be on a warrant drawn on the state hospital**  
 26       **care for the indigent fund established by IC 12-16-14.**

27       **(b) A payment made to a hospital under this chapter shall be**  
 28       **made under IC 12-15-15-9 and IC 12-15-15-9.5."**

29       Page 12, delete lines 41 through 42.

30       Page 13, delete lines 5 through 9, begin a new line block indented  
 31       and insert:

32           **"(1) calculate for each county the total amount of payable**  
 33           **claims submitted to the division during the state fiscal year**  
 34           **attributable to:"**

35       Page 13, line 12, delete "and became in need" and insert ";".

36       Page 13, delete line 13.

37       Page 13, line 15, delete "and who became in need of medical care  
 38       in" and insert "; and".

- 1 Page 13, delete line 16.
- 2 Page 13, line 18, delete "and who became in need of" and insert ";".
- 3 Page 13, delete line 19, begin a new line double block indented and
- 4 insert:
- 5 **"and whose medical condition that necessitated the care or**
- 6 **service occurred in the county."**
- 7 Page 13, line 20, after "of" insert **"the amount of payable claims**
- 8 **attributed to the county under"**.
- 9 Page 13, line 20, delete "for the county".
- 10 Page 13, line 22, delete "approved" and insert **"payable"**.
- 11 Page 13, line 22, delete "county:" and insert **"county under**
- 12 **subdivision (1):"**.
- 13 Page 13, line 23, delete "approved" and insert **"payable"**.
- 14 Page 13, line 23, delete "for".
- 15 Page 13, line 24, delete "hospital admissions that occurred" and
- 16 insert **"submitted"**.
- 17 Page 13, line 28, delete "emergency".
- 18 Page 13, line 29, delete "approved" and insert **"payable"**.
- 19 Page 13, delete lines 31 through 42.
- 20 Page 14, delete line 1, begin a new paragraph and insert:
- 21 **"(b) Before November 1 following the end of a state fiscal year,**
- 22 **the division shall allocate the funds transferred to the state hospital**
- 23 **care for the indigent fund under IC 12-16-14 during the state fiscal**
- 24 **year as required under the following STEPS:"**.
- 25 Page 14, line 2, delete "received" and insert **"transferred by the**
- 26 **county to the state hospital care for the indigent fund under**
- 27 **IC 12-16-14 during the state fiscal year."**.
- 28 Page 14, delete line 3.
- 29 Page 14, line 4, delete "claims approved during" and insert **"payable**
- 30 **claims submitted to the division during the state fiscal year**
- 31 **attributed"**.
- 32 Page 14, line 5, delete "the state fiscal year attributable".
- 33 Page 14, line 6, after "hospital" insert **"payable"**.
- 34 Page 14, line 7, after "physician" insert **"payable"**.
- 35 Page 14, line 7, delete "emergency".
- 36 Page 14, line 8, after "provider" insert **"payable"**.
- 37 Page 14, line 12, after "hospital" insert **"payable"**.
- 38 Page 14, line 14, delete "IC 12-15-20-2." and insert

1 **"IC 12-15-20-2(8)(D)."**

2 Page 14, line 17, after "physician" insert "**payable**".

3 Page 14, line 17, delete "emergency".

4 Page 14, line 17, after "provider" insert "**payable**".

5 Page 14, between lines 19 and 20, begin a new paragraph and insert:

6 **"(c) The costs of administering the hospital care for the indigent**  
 7 **program, including the processing of claims, shall be paid from the**  
 8 **funds transferred to the state hospital care for the indigent fund."**

9 Page 14, delete lines 30 through 42, begin a new paragraph and  
 10 insert:

11 "SECTION 23. IC 12-16-7.5-7, AS ADDED BY P.L.120-2002,  
 12 SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 13 JULY 1, 2003]: Sec. 7. The division ~~and a county office are~~ is not  
 14 responsible under the hospital care for the indigent program for the  
 15 payment of any part of the costs of providing care in a hospital to an  
 16 individual who is not either of the following:

17 (1) A citizen of the United States.

18 (2) A lawfully admitted alien.

19 SECTION 24. IC 12-16-7.5-8, AS ADDED BY P.L.120-2002,  
 20 SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 21 JULY 1, 2003]: Sec. 8. The division ~~and a county office are~~ is not  
 22 liable for any part of the cost of care provided to an individual who has  
 23 been determined to be a patient described in the rules adopted under  
 24 IC 12-16-10.5

25 SECTION 25. IC 12-16-9.5-1, AS ADDED BY P.L.120-2002,  
 26 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 27 JULY 1, 2003]: Sec. 1. **Notwithstanding any other provision of this**  
 28 **article**, the rate of payment for the services and materials provided by  
 29 ~~hospitals and~~ physicians **and transportation providers** under the  
 30 hospital care for the indigent program is the same rate as payment for  
 31 the same type of services and materials under the rules adopted by the  
 32 ~~secretary under office for the fee-for-service~~ Medicaid **program**."

33 Delete page 15.

34 Page 16, delete lines 1 through 39.

35 Page 17, line 12, delete "and became in need" and insert ";".

36 Page 17, delete line 13.

37 Page 17, line 15, delete "and who became in need of medical care  
 38 in the" and insert "; **and**".

- 1 Page 17, delete line 16.
- 2 Page 17, line 18, delete "and who became in need of" and insert ":".
- 3 Page 17, delete line 19, begin a new line block indented and insert:
- 4 **"and whose medical condition that necessitated the care or**
- 5 **service occurred in the county."**
- 6 Page 17, line 39, after "average" insert **"annual"**.
- 7 Page 17, line 39, after "of" insert **"payable"**.
- 8 Page 17, line 40, delete "approved under this article for emergency
- 9 care" and insert **"attributed to the county under IC 12-16-7.5-4.5"**.
- 10 Page 17, line 41, delete "provided to patients".
- 11 Page 18, line 10, after "average" insert **"annual"**.
- 12 Page 18, line 10, after "of" insert **"payable"**.
- 13 Page 18, line 10, delete "approved under this article for" and insert
- 14 **"attributed to the county under IC 12-16-7.5-4.5"**.
- 15 Page 18, line 11, delete "emergency care provided to patients".
- 16 Page 18, delete lines 39 through 42, begin a new paragraph and
- 17 insert:
- 18 "SECTION 29. IC 12-17.7-1-0.5, AS ADDED BY P.L.120-2002,
- 19 SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 20 JULY 1, 2003]: Sec. 0.5. This article applies ~~after June 30, 2004~~ **at the**
- 21 **beginning of the fiscal year described in IC 12-15-20-2(8)(F)."**
- 22 Page 19, delete lines 1 through 11.
- 23 Page 20, delete lines 10 through 15, begin a new line and insert:
- 24 **"terminate upon:**
- 25 **(1) a revocation or nonrenewal of the demonstration waiver**
- 26 **approved by the federal Centers for Medicare and Medicaid**
- 27 **Services for purposes of implementing this article; or**
- 28 **(2) a determination by the office that there are not sufficient**
- 29 **funds to adequately operate the program.**
- 30 SECTION 32. IC 12-17.7-9-2, AS ADDED BY P.L.283-2001,
- 31 SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 32 JULY 1, 2003]: Sec. 2. Upon termination of the uninsured parents
- 33 program, all funds on deposit in the state uninsured parents program
- 34 fund ~~including funds transferred to the fund under IC 12-16-14.1-6(2);~~
- 35 shall be used to pay expenses and other obligations of the program, as
- 36 determined by the office. Any remaining funds attributable to taxes
- 37 levied under IC 12-16-14-1(1) or allocated under IC 12-16-14-1(2)
- 38 shall be transferred from the fund for use as the state's share of

1 payments under ~~IC 12-15-15-9(h)~~. Any remaining funds attributable to  
 2 transfers from the Medicaid indigent care trust fund under  
 3 ~~IC 12-15-20-2(5)~~ shall be transferred from the state uninsured parents  
 4 program fund for use as the state's share of payments under  
 5 ~~IC 12-15-20-2(5)(D)~~. **IC 12-15-20-2(8)(G).**

6 SECTION 33. IC 12-17.8-1-0.5, AS ADDED BY P.L.120-2002,  
 7 SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 8 JULY 1, 2003]: Sec. 0.5. This article applies ~~after June 30, 2003~~: **at the**  
 9 **beginning of the fiscal year described in IC 12-15-20-2(8)(F).**

10 SECTION 34. IC 12-17.8-1-1, AS AMENDED BY P.L.120-2002,  
 11 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12 JULY 1, 2003]: Sec. 1. This chapter applies ~~beginning July 1, 2004~~: **at**  
 13 **the beginning of the fiscal year described in IC 12-15-20-2(8)(F).**

14 SECTION 35. IC 12-17.8-2-0.5, AS ADDED BY P.L.120-2002,  
 15 SECTION 45, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 16 JULY 1, 2003]: Sec. 0.5. This chapter applies ~~after June 30, 2004~~: **at**  
 17 **the beginning of the fiscal year described in IC 12-15-20-2(8)(F).**".

18 Page 20, line 25, delete "IC 12-15-20-2(5)." and insert  
 19 **"IC 12-15-20-2(8)(F)".**

20 Page 20, between lines 37 and 38, begin a new paragraph and insert:

21 "SECTION 38. IC 12-17.8-2-4, AS AMENDED BY P.L.120-2002,  
 22 SECTION 46, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 23 JULY 1, 2003]: Sec. 4. (a) Subject to subsections **(b) and (c)**, ~~and (d)~~;  
 24 money in the state uninsured parents program fund at the end of a state  
 25 fiscal year remains in the fund and does not revert to the state general  
 26 fund.

27 ~~(b)~~ **For each state fiscal year beginning July 1, 2004, the office of**  
 28 **Medicaid policy and planning established by IC 12-8-6-1 shall transfer**  
 29 **from the state uninsured parents program fund an amount equal to the**  
 30 **amount determined by multiplying thirty-five million dollars**  
 31 **(\$35,000,000) by the federal medical assistance percentage for the state**  
 32 **fiscal year. The transferred amount shall be used for Medicaid current**  
 33 **obligations. The transfer may be made in a single payment or multiple**  
 34 **payments throughout the state fiscal year.**

35 ~~(c)~~ **(b)** At the end of a state fiscal year, the office shall do the  
 36 following:

37 (1) Determine the sums on deposit in the state uninsured parents  
 38 program fund.

(2) Calculate a reasonable estimate of the sums to be transferred to the state uninsured parents program fund during the next state fiscal year, taking into consideration the timing of the transfers.

(3) Calculate a reasonable estimate of the expenses to be paid by the program during the next state fiscal year, taking into consideration the likely number of enrollees in the program during the next state fiscal year.

~~(d)~~ (c) If the amount on deposit in the state uninsured parents program fund at the end of a state fiscal year, combined with the estimated amount of transfers of funds into the fund during the next state fiscal year, exceeds the estimate of the expenses to be paid by the program during the next state fiscal year, then a sum equal to the excess amount:

(1) shall be transferred from the funds on deposit in the state uninsured parents program fund at the end of the state fiscal year to the Medicaid indigent care trust fund; ~~for purposes of IC 12-15-20-2(5)(D); and~~

**(2) shall be used to fund Medicaid add-ons payments to hospitals licensed under IC 16-21-2 under a methodology developed by the office.**

SECTION 39. IC 16-18-2-168, AS AMENDED BY P.L.44-2002, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 168. (a) "Health records", for purposes of IC 16-39, means written, electronic, or printed information possessed **or maintained** by a provider concerning any diagnosis, treatment, or prognosis of the patient, **including such information maintained on microfiche, microfilm, or in an electronic or digital format.** The term includes mental health records and alcohol and drug abuse records.

(b) For purposes of IC 16-39-5-3(e), the term includes information that describes services provided to a patient and a provider's charges for services provided to a patient.

(c) The term does not include information concerning emergency ambulance services described in IC 16-31-2-11(d).

SECTION 40. IC 16-22-8-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 14. A member of the governing board is entitled to receive ~~six hundred dollars (\$600)~~ **one thousand two hundred dollars (\$1,200)** each year and the member



1 who is chairman of the board is entitled to receive an additional ~~three~~  
 2 ~~hundred dollars (\$300)~~ **six hundred dollars (\$600)** each year. These  
 3 payments shall be made quarterly from funds appropriated for that  
 4 purpose in the regular budget of the corporation.

5 SECTION 41. IC 16-22-8-15 IS AMENDED TO READ AS  
 6 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 15. (a) The governing  
 7 board shall by rule provide for regular meetings to be held at a  
 8 designated interval throughout the year.

9 (b) The chairman or a majority of the members of the board may call  
 10 a special meeting. The board shall by rule establish a procedure for  
 11 calling special meetings. The board shall publish notice of a special  
 12 meeting one (1) time, not less than twenty-four (24) hours before the  
 13 time of the meeting, in two (2) ~~daily~~ newspapers of general circulation  
 14 in the county in which the corporation is established.

15 (c) Regular and special meetings are open to the public.

16 SECTION 42. IC 16-22-8-16 IS AMENDED TO READ AS  
 17 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 16. (a) The governing  
 18 board shall hold the annual meeting the second Monday in January of  
 19 each year. At the meeting, the board shall select from among the  
 20 members a chairman **and vice chairman** and shall make the  
 21 appointments of personnel provided under this chapter.

22 (b) **A vacancy occurs if the chairman or vice chairman of the**  
 23 **board dies, resigns, changes residence from the county, or is**  
 24 **impeached. If the office of chairman or vice chairman becomes**  
 25 **vacant, the board shall select from among the members a successor**  
 26 **chairman or vice chairman at the next meeting of the board.**

27 SECTION 43. IC 16-22-8-21 IS AMENDED TO READ AS  
 28 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 21. (a) Not more than  
 29 seven (7) days after the introduction of a proposed draft of an  
 30 ordinance nor less than seven (7) days before the final passage of a  
 31 proposed draft of an ordinance, the board shall publish a notice that the  
 32 proposed ordinance is pending final action by the board. The notice  
 33 shall be published one (1) time in two (2) ~~daily~~ newspapers that have  
 34 a general circulation in the jurisdiction of the corporation. Notice of an  
 35 ordinance establishing a budget shall be in accordance with the general  
 36 law relating to budgets of first class cities.

37 (b) The notice must state the following:

38 (1) The subject of the proposed ordinance.

1 (2) The time and place of the hearing.

2 (3) That the proposed draft of an ordinance is available for public  
3 inspection at the office of the board.

4 (c) The board may include in one (1) notice a reference to the  
5 subject matter of each draft of a pending ordinance for which notice  
6 has not been given.

7 (d) An ordinance is not invalid because the reference to the subject  
8 matter of the draft of an ordinance was inadequate if the reference is  
9 sufficient to advise the public of the general subject matter.

10 SECTION 44. IC 16-22-8-27 IS AMENDED TO READ AS  
11 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 27. (a) The governing  
12 board shall appoint an executive director of the board who is qualified  
13 by education and experience to serve for a term of four (4) years unless  
14 sooner removed. The executive director is eligible for reappointment.  
15 **The executive director must be a resident of the county.**

16 (b) In addition to the duties as executive director of the board, the  
17 executive director acts as secretary of the board.

18 SECTION 45. IC 16-22-8-46 IS AMENDED TO READ AS  
19 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 46. The board shall  
20 appoint a treasurer of the corporation to serve for a term of four (4)  
21 years unless sooner removed for cause. The treasurer shall give bond  
22 in the amount and with the conditions prescribed by the board and with  
23 surety approved by the board. All money payable to the corporation  
24 shall be paid to the treasurer and the treasurer shall deposit the money  
25 in accordance with Indiana law relating to the deposit of public funds  
26 by municipal corporations. However, if trust funds are received or  
27 managed under a trust indenture, the terms and conditions of the trust  
28 indenture shall be followed. **The treasurer must be a resident of the**  
29 **county.**

30 SECTION 46. IC 34-6-2-60 IS AMENDED TO READ AS  
31 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 60. "Hospital medical  
32 record", for purposes of IC 34-43-1, means the hospital's clinical record  
33 maintained on each hospital patient **as provided in IC 16-18-2-168.**

34 Page 20, line 40, after "IC 12-16-7.5-4;" insert "IC 12-16-7.5-6;

- 1 IC 12-16-7.5-11;".
- 2 Page 21, line 2, after "IC 12-17.7-9-1;" insert "IC 12-17.8-1-2;".
- 3 Renumber all SECTIONS consecutively.  
(Reference is to HB 1813 as introduced.)

**and when so amended that said bill do pass.**

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Representative Crawford